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ABSTRACT

This paper discusses the preschool classroom needs of the imperceptibly handicapped child who has a medically-diagnosed physical condition which includes unpredictable episodes placing the child in a temporary state of dysfunction. (epilepsy, juvenile diabetes, and severe allergies are examples of such handicaps.) In most cases the child is capable of functioning normally in the classroom. It is suggested, however, that the development of knowledge, awareness, and understanding on the part of teachers and peers will encourage the development of a positive self-concept and will increase the child's changes for success in the preshcool program. The importance of developing close communication among family, physician, and the preschool teacher is emphasized. It is suggested that the preschool teacher can provide a valuable service by developing a local program bringing together these three groups to share information and increase their understanding of the characteristics and management of these physical conditions. A description of the symptoms of epilepsy and juvenile diabetes is provided and the teacher's role in coping with periodic seizures or insulin reactions is discussed. (BD)

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THE IMPERCEPTIBLY HANDICAPPED PRESCHOOL CHILD IN THE CLASSROOM: AN APPROACH TO KNOWLEDGE, AWARENESS, AND UNDERSTANDING

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ABSTRACT

An imperceptibly handicapped child is one who has a medically-diagnosed physical condition which includes unpredictable episodes which place the child in a temporary state of dysfunction. Some examples are the child with epilepsy, the child with juvenile diabetes, and the child with severe allergies.

The imperceptibly handicapped child generally knows a great deal about his/her condition; and the manner in which family, teachers, peers, and others accept and respect him or her makes a significant difference in the way the child accepts or denies the physical condition and copes with its management.

Because the imperceptibly handicapped child will carry a special burden throughout his/her life, it is highly important that positive self-concepts are carefully nourished in the preschool years. This will require extra effort to maintain a close INTERFACE--communication between family, physician and preschool teacher. The preschool teacher can provide a valuable service to all families involved by taking the initiative to develop and carry out a local INTERFACE program; bringing families, teachers and physicians together to develop awareness, share information, stimulate the development of knowledge, and create understanding.

In recent years, preschool educational programming in the United States has been expanded to incorporate some handicapped children into on-going programs. Programming has also been extended by the development of special programs designed specifically for handicapped children. Many types of handicapping conditions, ranging from physical disabilities to mental retardation, have received consideration as Early Childhood professionals have sought to provide means by which all children can develop to their full potential.

There is, however, a significant population of children with special handicapping conditions which remain virtually unnoticed by the rest of society. These young children and their families struggle quietly and independently to overcome the problems and challenges presented by the child's condition. In general, they have no need of "special" programs or classrooms. They are, for the most part, able to function in, enjoy, and benefit from the average classroom. But, their experiences can be greatly enhanced by the development within that environment of knowledge, awareness, and understanding of the imperceptible handicap which is a part of the child's life.

An imperceptibly handicapped child is one who has a medically-diagnosed physical condition which includes unpredictable episodes which place the child in a temporary state of dysfunction. Some examples are the child with epilepsy, the child with juvenile diabetes, and the child with severe allergies.

One child in 50 has epilepsy, one in 1200 has diabetes, and many others have severe allergies. Some of their parents have placed these children in preschool programs and have discussed the child's condition freely with the teachers. Some of these children attend preschool programs, but the parents have not revealed their imperceptible handicap because of a fear that the knowledge would cause the teacher and others, including the peers and peers' parents, to reject the child and his or her family, or treat them in a prejudiced manner. Unfortunately, some of these children do not have the opportunity of participating in a preschool program because the parents feel the child would not be treated with understanding, that he/she would not be treated as other "normal" children are, and that the child would experience rejection by the teacher and/or peers.

With each of the above-mentioned inperceptibly handicapping conditions, conditions which generally are not easily perceived in the child, the children will exhibit a normal range of behaviors. However, their behavior may be temporarily interrupted by a seizure, an insulin reaction, an asthma attack, or severe case of hives, etc. Some of these conditions, the insulin and allergic reactions, can be almost completely eliminated by careful management of the child and his/her environment through cooperative efforts of the parents and preschool program staff. Psycho-social effects of occasional seizures can be greatly minimized by a calm, competent, understanding teacher.

In order to develop understanding, one must have awareness and knowledge. Therefore, the general characteristics of two of these imperceptively handicapping conditions will be discussed here.

Epilepsy

The word "epilepsy" is taken from the Greek word for "seizures." Seizures or convulsions of one kind or another are the main symptoms of all forms of epilepsy. Seizures occur when there are excessive electrical discharges in some nerve cells of the brain. When this happens, the brain loses control over certain muscles of the body. The loss of muscular control is brief and temporary, with the brain functioning normally between seizures.

The three most familiar types of epileptic seizures are (1) the petit mal, (2) the grand mal, and (3) the psychomotor or temporal lobe.

1. Petit mal.--This is a brief interruption of consciousness often characterized by an appearance of daydreaming. The child will generally have a "blank" look and some small muscular movements may occur about the face. Usually the seizure lasts only a few seconds and the child will have no awareness that he/she has had a seizure.

2. Grand mal.--From the point of view of the teacher and other children in the classroom, this is the most alarming type of seizure. The child may suddenly slump over or fall to the floor. Muscles become rigid and then make convulsive movements. Bladder control may be lost, the child may have some difficulty breathing, and saliva will begin to collect and run from the mouth. The attacks are brief, from two to five minutes, and after resting, the child usually can continue with the class activities.

3. Psychomotor or temporal lobe seizures have the most complex behavior pattern. They include constant chewing or lip smacking, purposeless walking or repetitive hand and arm movements, confusion and dizziness. The seizure may last from a minute to several hours, though duration is usually from two to five minutes.

Of course, there is little trouble recognizing a grand mal seizure. But personnel working with young children should be alert to two or more of the following symptoms occurring together and without variation. They may indicate petit mal or psychomotor epilepsy.

Staring spells (daydreaming)
Tic-like movements
Rhythmic movements of the head
Purposeless sounds and body movement
Head dropping
Lack of response
Eyes rolling upward
Chewing and swallowing movements

There is nothing the teacher or others can do for petit mal and psychomotor seizures except to be aware, understand what is occurring and, most importantly, share that understanding with the other children in the class by explaining the seizures to them in a simple, calm, and accepting manner.

For grand mal seizures, the teacher can assist the child by carrying out the following procedures:

1. Keep calm. Do not restrain the child's movements any more than is absolutely necessary to protect him/her from hurting him/herself. Loosen the clothing. Keep the child away from any radiators or other hot or sharp objects. Do not force the child's mouth open and do not force anything between the teeth, but if the mouth is already open you might place a soft object (a folded handkerchief will do) between the side teeth, and turn the child on his/her side so that the saliva can flow out of the mouth.

2. Treat the occurrence matter-of-factly, and explain to the other children that there is no danger, that the child will not hurt him/herself and that the seizure will be over in a few minutes.

3. After the seizure stops and the child appears to be relaxed, let him/her sleep or rest quietly in a place where he/she will not be disturbed. Unless there is medical suggestion to the contrary, it is a good idea for the child to participate in the remainder of the class activity.

4. It is not usually necessary to call a doctor unless the attack lasts more than about 10 minutes or is followed almost immediately by another major seizure. This rarely happens, but should be treated immediately.

However, the parents should be notified that a seizure has taken place, and this is particularly important in the case of a first seizure. The parents should know so that the family physician may be informed in the event that it is necessary to alter the child's medication.

5. The occurrence of a seizure in the class may provide the teacher with an opportunity to help prevent the child from becoming isolated or an object of ridicule from other pupils. If the teacher is calm and can offer a brief and simple explanation of the event, the other children will be helped to understand the nature of their classmate's illness. Thus, they are more likely to grant him/her the acceptance so important to every child.

6. In describing the seizure to parents or physicians, the teacher should try to be as accurate as possible. An accurate description of any seizure is important to the physician treating the child.

The child with epilepsy can—and should--be encouraged to lead as normal a life as possible. Physical and mental activity have been shown to have the beneficial effect of reducing seizures. It is generally unnecessary to restrict the child's participation in the exercise activities which are normal to the preschool program.

Juvenile Diabetes

Diabetes is a life-long, hereditary condition in which the body cannot use food the way nature planned. Normally the body takes a sugar called glucose out of food. The three basic foods--protein, carbohydrate, and fat--each contain a percentage of glucose. The body uses this sugar for energy, and a reserve supply of glucose is stored in the body and released as it is needed. The substance that enables the body to use glucose is insulin, a hormone produced in the pancreas.

"Juvenile" diabetes, a type which usually has its onset before the age of 15 years, is characterized by insufficient insulin production.

There is not enough insulin to enable the body to use and store glucose normally. One important difference between persons who have juvenile diabetes and those who develop diabetes in adulthood is that those with the juvenile type will nearly always need insulin injections, while the adult often can be treated satisfactorily by diet alone or by a combination of diet and oral medication.

Each child with juvenile diabetes is an individual and will not necessarily be treated to control his or her condition in exactly the same way as someone else with diabetes. The principle of "control" is based on keeping sugar in the blood at the right level. To accomplish this, three factors must be carefully regulated:

1. The amount of sugar that the child gets in food
2. The amount that is used up through exercise, play, and other normal activities
3. The kind and amount of insulin prescribed by the doctor, given at the times prescribed.

INSULIN REACTIONS occur when the blood sugar level is too low. Insulin and exercise lower blood sugar while food raises blood sugar. The purpose of good control requires that these three factors be balanced. Insulin reactions occur because of:

1. Too little food or a delayed meal
2. Strenuous exercise not covered by extra food
3. Nervous or emotional tension
4. Too much insulin

A child's symptoms of a reaction may vary from time to time, and any of the following sudden changes are among those which should be carefully watched for:

Pallor
Excessive perspiration
Hunger
Headache
Dizziness
Blurring of vision
Irritability
Inappropriate responses
Crying
Confusion
Inability to concentrate
Inattentiveness
Drowsiness
Lack of Coordination
Trembling
Abdominal Pain
Nausea

If the reaction is not treated, unconsciousness or convulsions will occur. At the first sign of any of a child's reaction symptoms, treatment must begin. The teacher should be prepared with some form of sugar and administer it to the child before taking any other action. Do not stop to call the parents, but give the child some form of sugar immediately. This can be two large sugar cubes, fruit juice (approximately 1/2 cup), pop (1/2 cup--not diet pop), candy (equivalent to 6-7 lifesavers) or other sugar forms suggested by the parents. This will rapidly increase the amount of sugar in the blood.

Due to drowsiness or confusion, the child may need coaxing to eat. The teacher should be gentle but absolutely insistent that the sugar be swallowed. The child should improve within ten minutes, be given additional food and resume the normal class activities. If the child does not improve, the parents or physician should be called. Today, through cooperation of those concerned with the welfare of a child--parents, teachers, physicians and the child--diabetes can be so well controlled that the child with diabetes can expect to lead a life such as other children, can grow to healthy adulthood, and can look forward to living a productive life.

Sustaining Growth and Development

It is important to remember that the imperceptively handicapped child is not an epileptic child, a diabetic child, or an allergic child. He or she is a child with epilepsy, diabetes, or allergies. The imperceptible handicapping condition is not the most important thing about him or her. This is a child with the usual needs for growing up--physically, socially, and emotionally. The medical regimes planned to control their physical problems are oriented toward aiding social and emotional growth by letting the imperceptibly handicapped child enjoy the things that other children enjoy. "Epileptic," "diabetic," and "allergic" are not synonyms for "different."

Children with imperceptible handicaps do not want to be singled out as "different." With few exceptions and with precautions taken to insure a "controlled" condition, they can and should participate in all class activities. It is important for all the adults in the child's environment to give him/her support and understanding without being overly protective. Teachers should avoid over-sheltering the child by insisting on extra rest periods or by curbing activities. The teacher's style of interaction with the imperceptibly handicapped child is carefully observed by the other children in the program. An attitude of confidence in and acceptance of the child will be reflected in peer acceptance. It is most beneficial if the teacher can avoid being unduly concerned, but remain aware of the child's needs.

The imperceptibly handicapped child generally knows a great deal about his/her condition and the manner in which family, teachers, peers,

and others accept and respect him or her makes a significant difference in the way the child accepts or denies the physical condition and copes with its management.

Because the imperceptibly handicapped child will carry a burden throughout his/her life, it is even more important that positive self-concepts are carefully nourished in the preschool years. This will require extra effort to maintain a close INTERFACE--communication between family, physician, and teacher.

The primary focus of this communication is, of course, the child. But, it is important to remember that this family is subjected to unusual social, emotional, and financial stresses. Coping with the condition of an imperceptibly handicapped child involves all the family members, to some extent. Worries, tensions, and feelings of neglect or rejection build up between husband and wife, parent and child, and siblings. Often family members feel ostracized from neighbors and families of the children's peers who remain aloof because of a lack in understanding the nature of the imperceptibly handicapping condition. There are persons who still hold mistaken beliefs such as the notion that epilepsy and diabetes are contagious diseases, etc. The preschool teacher can provide a valuable service to all families involved by developing and carrying out a local INTERFACE program, bringing all the families, teachers, and doctors together to develop awareness, stimulate the development of knowledge, and create understanding.

INFORMATION SOURCES

Descriptive information regarding epilepsy was taken from publications of:

The Epilepsy Foundation of America
1828 L Street, N.W.
Washington, D.C. 20036

Descriptive information regarding juvenile diabetes was taken from publications of:

Juvenile Diabetes Foundation
Executive Office
23 East 26th Street
New York, N.Y. 10010